

# CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.  
Please type or print clearly. Press Hard.

State Department of Health Services  
HAZARDOUS MATERIALS MANAGEMENT SECTION  
744 P Street, Sacramento, CA 95814

① Manifest Number **015-003783**

SFUND RECORDS CTR  
999000365

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| <b>GENERATOR</b> (Generator Must Complete)<br>② Name <b>ALUMINUM CO. OF AMERICA VERNON WORKS</b><br>EPA NO. <b>CAD074126681</b><br>Address <b>5151 ALCOA AVE.</b> Phone No. <b>588-6141</b><br>City, State, Zip <b>VERNON, CA. 90058</b> | ③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)<br>Name <b>OPERATING INDUSTRIES INC.</b><br>EPA NO. <b>CAD080012024</b><br>Address <b>900 N. POTRERO GRANDE DR.</b><br>City, State, Zip <b>MONTEREY PARK, CA.</b> | ④ Alternate TSD Facility<br>Name <b>CHEMICAL WASTE MANAGEMENT INC.</b><br>EPA NO. <b>CAT000646117</b><br>Address <b>P.O. BOX 1104 430 W. ELM AVE.</b><br>City, State, Zip <b>COALINGA, CA. 93210</b> |
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| ⑤ U.S. DOT PROPER SHIPPING NAME<br><b>WASTE</b><br><b>WASTE</b> | U.S. DOT HAZARD CLASS<br><br> | UN/NA ID NO.<br><br> | WEIGHT OR VOLUME<br><br> | UNITS<br><br> | CONTAINERS NUMBER: _____<br>TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS<br><input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK<br><input type="checkbox"/> OTHER _____ |
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| ⑥ WASTE CATEGORY <b>17</b><br>LIST COMPONENTS: _____<br>⑨ A. _____<br>B. _____<br>C. _____<br>D. _____ | ⑦ EX. HAZ. WASTE PERMIT NO. _____<br>CONC. UPPER RANGE LOWER<br>UNITS<br>% ppm. | ⑧ GENERATING PROCESS <b>ALUMINUM FABRICATION</b><br>CONC. UPPER RANGE LOWER<br>UNITS<br>% ppm.<br>Non Hazardous Material <b>100</b> %<br>⑩ WASTE PROPERTIES: pH <b>7</b> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen<br>⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other <b>ALUMINUM OXIDES &amp; WATER</b><br>⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____ |
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GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ **9-1-82**  
Signature of Authorized Agent and Title Date Shipped

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| <b>TRANSPORTER</b> (HAULER MUST COMPLETE)<br>⑭ NAME <b>ASBURY OIL CO.</b><br>EPA NO. <b>CAD028277036</b><br>ADDRESS <b>13419 Halldale Avenue</b> PHONE NO. <b>(213) 321-1392</b><br>CITY, STATE, ZIP <b>Gardena, California 90249</b> | ⑮ PICK-UP DATE <b>9-1-82</b><br>TIME <b>6:45</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM<br>⑯  _____<br>Signature of Authorized Agent and Title Date |
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| <b>TSD FACILITY</b> (FACILITY-OPERATOR MUST COMPLETE)<br>⑰ NAME <b>Operating Industries Inc</b> ⑱ QUANTITY (If Measured) _____<br>EPA NO. <b>CAD080012024</b> ⑲ STATE FEE (If Any) _____<br>PHONE NO. _____<br>⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____<br>IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____<br>㉒ NAME _____<br>EPA NO. _____ | ㉑ HANDLING OR DISPOSAL METHOD:<br><input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill<br><input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment<br><input type="checkbox"/> Treatment (Specify) _____<br><input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer<br><br>㉓ <b>9-1-82</b><br>Signature of Authorized Agent and Title Date Accepted |
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K001294

TO TRANSPORTER